

P13000048938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

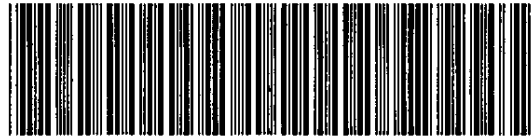
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/23/14--01019--014 \*\*35.00

14 JUN 23 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

RO

WEST J. LEMIEUX  
JUN 26 2014

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of Address to Registered Agent Address  
Name of Corporation

**DOCUMENT NUMBER:** P13000048938

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Gomez, Jr

Name of Contact Person

Tampa Creative, Inc

Firm/Company

12000 N. Dale Mabry Hwy, Suite 262

Address

Tampa, Florida 33618

City/State and Zip Code

jgomez@tampacreative.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marina Perez

Name of Contact Person

at ( 813 ) 4419814 x100

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: \_\_\_\_\_
2. The principal office address: 12000 N. Dale Mabry Hwy, Suite 262, Tampa, Florida 33618
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gomez Innovations, Inc.

18948 N. Dale Mabry Hwy, Suite 102

Lutz, Florida 33548

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gomez Innovations, Inc.

12000 N. Dale Mabry Hwy, Suite 262

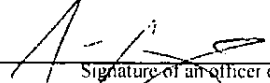
P.O. Box NOT acceptable

Tampa, Florida 33618

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Jose Gomez, Jr

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

June 11, 2014

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***